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Bib Data Sheet

CONFIRMATION NO. 9440

<b>SERIAL NUMBER</b> 10/056,101	<b>FILING DATE</b> 01/24/2002 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> MAROTTA-ANALOG	
<b>APPLICANTS</b> Leonard Marotta, West Islip, NY; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/316,832 08/31/2001 <i>PL</i> <b>** FOREIGN APPLICATIONS *****</b> <i>None PL</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 02/19/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 41	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 04988					
<b>TITLE</b> Stable dental analog					
<b>FILING FEE RECEIVED</b> 559	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		